

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Naoya MURAKAMI

Title:

IMAGE READING APPARATUS AND IMAGE FORMING

**APPARATUS** 

Appl. No.:

Unassigned

Filing Date:

March 3, 2004

Examiner:

Unknown

Art Unit:

Unknown

# UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

#### Naoya MURAKAMI

#### Enclosed are:

- [X] Specification, Claim(s), and Abstract (46 pages).
- [X] Formal drawings (14 sheets, Figures 1-18).
- [X] Declaration and Power of Attorney (4 pages).
- [X] Assignment of the invention to KABUSHIKI KAISHA TOSHIBA and TOSHIBA TEC KABUSHIKI KAISHA.
- [X] Assignment Recordation Cover Sheet.
- [X] Information Disclosure Statement.
- [X] Form PTO/SB/08 with copies of 2 listed reference(s).
- [X] Application Data Sheet (37 CFR 1.76).





## [X] Claim for Convention Priority with 1 certified Japanese priority document.

The filing fee is calculated below:

	Claims		Included		Extra		Rate		Fee
	as Filed		in		Claims				Totals
			Basic Fee						
Basic Fee							\$770.00	= `	\$770.00
Total	10	-	20	=	0	x	\$18.00	= .	\$0.00
Claims:									
Independents	2	_	3	=	0	X	\$86.00	= .	\$0.00
:			•						
If any Multiple Dependent Claim(s) present: + \$290.0							\$290.00	=	\$0.00
							SUBTOTAL:	=	\$770.00
[ ]		Sr	nall Entity I	Rees	Apply (	subtra	ct ½ of above):	=	\$0.00
					T	OTAI	FILING FEE:	=	\$770.00
Assignment Recordation Fee:						+	\$40.00	=	\$40.00
TOTAL FEE								=	\$810.00

- [X] A check in the amount of \$810.00 to cover the filing fee and fee for recordation of Assignment is enclosed.
- [ ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Date March 3, 2004

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Respectfully submitted,

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